



CLS Health and Safety Program

First Aid Record Log

First Aid Record # _____	Date _____	
First Aid Administered By _____	To _____ <i>Name of Employee</i>	
Referral to: Work _____	Medical _____	Ambulance _____

First Aid Record # _____	Date _____	
First Aid Administered By _____	To _____ <i>Name of Employee</i>	
Referral to: Work _____	Medical _____	Ambulance _____

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